117000260782

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(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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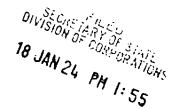
DIVISION OF CORPORATIONS

K SALY JAN 25 2018

COVERLETTER

TO: Registration Section Division of Corporations			
HADIT HOLDINGS LE	_C		
	(Name of Limited Liability Company)		
The enclosed member, resignation or	dissociation and fe	ee(s) are submitted for filing.	
Please return all correspondence conc	erning this matter	to:	
Kevin Schlenker			
(Contact Person)	· · · · · · · · · · · · · · · · · · ·		
HADIT HOLDINGS LLC			
(Firm'Company)			
9966 MONTAGUE ST			
(Address)			
TAMPA, FL 33626			
(City/State and Zip Cod	e)		
For further information concerning th	is matter, please ca	all:	
Kevin Schlenker	727 at (483-8482	
(Name of Contact Person)	(Area C	ode & Daytime Telephone Num	
Enclosed please find a check made pa ■ \$25 Filing Fee	-	la Department of State for: ling Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	
CR2E079 (2/14)			





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it DIT HOLDINGS LLC	appears on the records of the Florida Department
2. The Florida doci L1700026078		gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	ned or will withdraw/resign is:
4. 1, Kevin Schlenker (Print Name of Person Resigning)		
MGR	ame of reson reagaing)	
	(Print Title)	
of this limited lia resignation in wr		imited liability company has been notified of my
Signature of D	issociating Member or Resignia	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	